

2015 Annual Survey of Income and Expense



Nassau County Department of Assessment
240 Old Country Road, 4th Floor
Mineola, NY 11501
Attn: ASIE Compliance

ASIE 2015
Annual Survey of
Income & Expense

Section A - Property Identification (Mandatory)

| | | | | |
|---|---|-------|------------------|---------------------|
| 1 | List Only the Primary Section Block & Lot | | | For Office Use Only |
| | Section | Block | Lot | |
| | | | | |
| 2 | Property Address | | | |
| | Street Address | | City, State, Zip | |
| 3 | Mailing Address Correction - Only if you wish to change address on letter | | | |
| | Street Address | | City, State, Zip | |

Section B - Contact Information

| | | | |
|---|--------------------------------------|---|--------------------------------|
| 4 | Owner's Name: | 5 | Organization |
| 6 | Contact's Name: | 7 | Contact's Relation to Property |
| 8 | Contact's E-mail Address (Required): | 9 | Contact's Phone (Required): |

Section C - Contiguous Lots

| | | | | |
|--|-------------|-------|-----|--------------------------|
| You may consolidate your filings below for properties that are PHYSICALLY CONTIGUOUS AND/OR ADJACENT ONLY . These properties must be COMMONLY OWNED AND OPERATED . Any filing which does not meet these parameters will be considered NON-COMPLIANT . | | | | |
| | Section | Block | Lot | Parking Lot |
| 10 | Property #1 | | | <input type="checkbox"/> |
| | Property #2 | | | <input type="checkbox"/> |
| | Property #3 | | | <input type="checkbox"/> |
| | Property #4 | | | <input type="checkbox"/> |
| | Property #5 | | | <input type="checkbox"/> |

Section D - Special Filing Exceptions

| | | | |
|----|--------------------------|---|---|
| 11 | <input type="checkbox"/> | Properties that are 100% OWNER OCCUPIED or occupied by an owner related party or entity. NO PORTION OF THE PROPERTY CAN BE RENTED. Check this box and sign certification. | |
| 12 | <input type="checkbox"/> | Properties that were UNDER CONSTRUCTION AND NOT LEASED IN 2015. Check this box and sign certification. | |
| 13 | <input type="checkbox"/> | Properties that were PURCHASED BETWEEN 05/01/2015 AND 06/01/2016: COMPLETE SECTIONS F THROUGH H TO THE EXTENT THAT DATA IS AVAILABLE. | <div style="display: flex; justify-content: space-between;"> <div>DATE OF SALE:</div> <div>SALE PRICE:</div> </div> |

Section E - Contamination

| | | |
|----|---|-------------------|
| | Has Your Property Been Documented as Contaminated? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14 | / | |
| | Date | Issuing Authority |

Section F - Income

| | | | | |
|----|--|--|-------------------|---------------------------|
| | Apartment Income* | Reporting Year from ___/___/___ to ___/___/___ | | |
| | | # of Units | # of Vacant Units | 2015 Yearly Rental Income |
| 15 | Unregulated Apartments | | | |
| 16 | Regulated Apartments (Please detail in notes) | | | |
| 17 | Paid Parking | | | |
| 18 | Owner Occupied | | | |
| 19 | Total Apartment Income (Add lines 14 thru 18) | | | |

Section F - Income (continued)

| | Commercial Income | # of Units | # of Vacant Units | 2015 Yearly Rental Income |
|----|---|------------|-------------------|---------------------------|
| 20 | Leases Parking Facilities | | | |
| 21 | Retail | | | |
| 22 | Offices | | | |
| 23 | Industrial | | | |
| 24 | Warehouse | | | |
| 25 | Other (<i>Detail in notes</i>) | | | |
| 26 | Ground Rent | | | |
| 27 | Owner Occupied | | | |
| 28 | Total Commercial Income (Add lines 20 thru 27) | | | |
| | Ancillary Income | | | |
| 29 | Government Subsidy | | | |
| 30 | Sales & Services | | | |
| 31 | Real Estate Tax Escalation | | | |
| 32 | Operating Escalation | | | |
| 33 | Cell Sites & Towers | | | |
| 34 | Total Ancillary Income (Add lines 29 thru 33) | | | |
| 35 | Total Gross Income from All Sources (Add lines 19,28 and 34) | | | |

Section G - Expenses

| | | |
|----|---|--|
| 36 | Electricity | |
| 37 | Fuel / Heat | |
| 38 | Water & Sewer | |
| 39 | Wages & Payroll | |
| 40 | Contract Services | |
| 41 | Interior Paint & Decorating | |
| 42 | Repairs (<i>Excluding Capital Improvements</i>) | |
| 43 | Reserves for Replacement | |
| 44 | Maintenance | |
| 45 | Insurance | |
| 46 | Management Fees | |
| 47 | Administrative Expenses | |
| 48 | Advertising | |
| 49 | Legal | |
| 50 | Accounting | |
| 51 | Miscellaneous (<i>Itemize in Notes</i>) | |
| 52 | Total Expenses (Add lines 36 thru 51) | |

Notes

Section H - Certification (Mandatory) and Rent Roll requirement.

☐ Attached is my Rent Roll. ☐ Electronic Rent Roll will be forwarded to ASIE@NassauCountyNY.gov.

☐ I hereby certify that I am the owner or other person responsible for the payment of taxes, or the person authorized by the owner or taxpayer to make this statement. I certify that all information contained in the statement is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to the provisions of the penal law relevant to the making and filling of false instruments. I understand that the willful making of any false statement of material fact herein will also deem this filing untimely.

Name of individual certifying this statement _____

The individual certifying is: ☐ The applicant ☐ Authorized representative listed in Section B ☐ Member or manager of applicant LLC ☐ General partner of applicant ☐ Officer of corporate applicant ☐ Qualified fiduciary ☐ Officer of Condominium Association ☐ Officer of applicant's corporate member or partner.

(name of corporation: _____)

| | | |
|----|-----------|---------------------------|
| 56 | | / / |
| | Signature | Name (Please Print) Date |